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**It does NOT get mailed to the applicant.**

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

### Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	<u>201/101</u>				_____	_____	-	<u>345</u>
Total Claims > 20	<u>203/103</u>	<u>26</u>	- 20 -	<u>6</u>	X	_____	-	<u>54</u>
Independent Claims > 3	<u>202/102</u>	<u>5</u>	- 3 -	<u>2</u>	X	_____	-	<u>76</u>
Multi. Dep Claim Present	<u>204/104</u>				_____	_____	-	_____
Surcharge	<u>205/105</u>				_____	_____	-	_____
English Translation	<u>139</u>							<u>475</u>

### TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 475 477

Less Filing Fees Submitted - \$ 436 438

BALANCE DUE = \$ 39 39

Office of Initial Patent Examination

Figure 7



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	- ATTY DOCKET NO.
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EXAMINER

ART UNIT PAPER NUMBER

DATE MAILED:

## NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☒ A. Filing Fees due upon filing the application

Total Filing Fees Due = \$ 497  
Less Filing Fees Submitted - \$ 438  
BALANCE DUE = \$ 39

☐ B. Fees due in connection with the amendment filed on \_\_\_\_\_

Total Fees Due = \$ \_\_\_\_\_  
Less Fees Submitted - \$ (\_\_\_\_\_)   
BALANCE DUE = \$ \_\_\_\_\_

ATTACHMENT: FORM PTO-875

\_\_\_\_\_  
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ \_\_\_\_\_ Signature \_\_\_\_\_

### CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_